

FY15 Annual Submissions Log				
Section Alpha	SA Init.		Check if returned with Application	State agency comments
F		CACFP Application for Participation Civil Rights Compliance	<input type="checkbox"/>	
G		Civil Rights Compliance Training	<input type="checkbox"/>	
H		General Liability & Professional Liability Insurance Certificates w/CACFP as Certificate Holder	<input type="checkbox"/>	
I		List of Providers Tier I by SNAP (Food Stamp) benefits	<input type="checkbox"/>	
J		All providers met annual requirement for 2 hrs CACFP Program Management Training	<input type="checkbox"/>	
J		All providers met the annual requirement for 2 hrs child nutrition/related training	<input type="checkbox"/>	
K		Worker's Compensation Insurance Cert.w/CACFP as Cert. Holder	<input type="checkbox"/>	
M		Administrative Budget	<input type="checkbox"/>	
N		Advance Payment Request (3-month expense average)	<input type="checkbox"/>	Amount:
O		Lease Agreements & Contracts	<input type="checkbox"/>	
P		Line Item Justification(s) <i>if more than 5% of total Budget</i>	<input type="checkbox"/>	
Q		Operation Expenses, Cost Allocation and Depreciation Schedule	<input type="checkbox"/>	
R		SPWA Request(s)	<input type="checkbox"/>	
S		Staff Salaries Table	<input type="checkbox"/>	
T		Out of State Travel Training Request(s)	<input type="checkbox"/>	
U		Staff Evaluation Procedures	<input type="checkbox"/>	